

APPLICATION FOR TEMPORARY SIGN PERMIT:

(A SEPARATE APPLICATION MUST BE FILED FOR EACH TYPE OF SIGN)



Each application must have plans showing the location of each sign proposed and a scaled sketch or picture of the sign indicating accurate dimensions, color and style of type face.

PLANNING & DEVELOPMENT
100 S Market St. Troy, OH 45373
Phone(937)339-9481, Fax (937)339-9341
www.troyohio.gov

1 OF SIGN	LOCATION		Project Address	Zoning District	Historic District Y / N	Lot No(s)
			Name of Business	Type of Use (Store, Bank, Restaurant etc.)		
2 REQD INFO		Names (Please <u>Print</u>)		Mailing Addresses – Street, City, Zip Code		Phone (Day time)
APPLICANT						
CONTRACTOR						
PROPERTY OWNER						
3	Are you a New Tenant? Yes No		4	Lot Frontage		5
6	Building Frontage		7	Building Setback		8
9	Top of New Sign from Grade		10	Manner of Fastening		11

REQUIRED INFORMATION ON PROPOSED SIGN					OFFICE USE ONLY	
12	TYPE OF PROPOSED SIGN(S) FREE STANDING PROJECTING WALL CORRUGATED PLASTIC ON-SITE ROOF CANOPY/AWNING OFF-SITE OTHER BANNER				SIGN FEE	\$25.00
13	ACTUAL DIMENSION OF PROPOSED SIGN(S)				TOTAL AMOUNT DUE	
	LENGTH	WIDTH	HEIGHT	TOTAL AREA	TOTAL AMOUNT PAID	
14	DATES FOR DISPLAYING OF SIGN				DATE:	RECEIPT NO.
	1 ST QTR FROM _____ TO _____	2 ND QTR FROM _____ TO _____	3 RD QTR FROM _____ TO _____	4 TH QTR FROM _____ TO _____		

15 By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application will allow a representative of the City of Troy to enter said property for inspection purposes.

Signature of Applicant _____

Date _____ Fax No. _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

APPROVAL CONTINGENT UPON THE FOLLOWING:

PERMIT ISSUED BY:

REFER TO PERMIT NO:

DATE: